



STATE OF NEW HAMPSHIRE
DEPARTMENT OF ENVIRONMENTAL SERVICES
WATER DIVISION
29 HAZEN DRIVE, PO BOX 95
CONCORD, NEW HAMPSHIRE 03302-0095
(603) 271-2858

REGISTRATION AND NOTIFICATION FORM FOR FLOOR DRAINS AND DISCHARGES TO GROUNDWATER

Facility Information

Facility Name: _____
Address: _____
Property Deed Reference Book: _____ Page: _____ Tax Map: _____ Lot # _____
City: _____ State: _____ Zip: _____

Facility Owner Information

Owner Name: _____ Phone Number: (____)____-_____
Mailing Address: _____
City: _____ State: _____ Zip: _____
E-mail: _____

Property Owner Information (complete only if different from facility owner)

Owner Name: _____ Phone Number: (____)____-_____
Mailing Address: _____
City: _____ State: _____ Zip: _____
E-mail: _____

Facility Operator's Information (complete only if different from facility owner)

Owner Name: _____ Phone Number: (____)____-_____
Mailing Address: _____
City: _____ State: _____ Zip: _____
E-mail: _____

Contact Person Information (complete only if different from facility owner)

Owner Name: _____ Phone Number: (____)____-_____
Mailing Address: _____
City: _____ State: _____ Zip: _____
E-mail: _____

Application for Discharge of Non-Domestic Wastewater (complete the following page if your wastewater does *not* contain regulated contaminants and (if a floor drain) you *do not* store or use regulated contaminants in the area served by the drain.

other non-domestic wastewater discharge. Attach a locus map (i.e. USGS map).

Please describe the wastewater characteristics, including analytical results if available: _____

Please describe the materials and products used at the facility which may be included in the wastewater. Attach material safety data sheet as required in 29 CFR Part 1910 Section 1200 for all products that may be constituents of the discharge. _____

Please describe the disposal method (how the wastewater is discharged and where). Attach a sketch of any infiltration structures, and/or dimensions of any injection well proposed to be used. _____

Please provide the discharge rate (gpm) or discharge volume (gpd), and schedule for periodic discharges: _____

Floor Drain Registration - (complete if you intend to keep a floor drain open that currently contains regulated contaminants or is located in an area where they are used or stored). I intend to (check one):

- ☐ Eliminate regulated contaminants from the wastewater or (if a floor drain) eliminate regulated contaminants from the area served by the floor drain.
 - ☐ If a floor drain, complete the “**Discharge Well and Floor Drain Pre-Closure Notification Form**” if you are closing floor drain(s). When drain is closed, send verification of closure with date and photos of sealed drain to DES.
 - ☐ Connect the drain or discharge line to municipal sanitary sewer in accordance with the DES and local regulations by _____ (date).
 - ☐ Connect drains to a registered holding tank which meets DES requirements (See DES fact sheet WD-DWGB-22-8 “Holding Tanks for Floor Drains,” and file “Holding Tank Registration form”) by _____ (date)
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Vehicle Dust and Salt Rinsing – (Complete if you are registering a vehicle/equipment related dust and salt, wash and rinse water discharge to the ground)

- a. Submit a plan of the site including structures, drainage, wetlands, location of rinsing activities, holding tank(s) etc.
 - b. Submit a description of the activities including rinse and/or wash equipment, vehicle types, wash frequency, etc.
 - c. Conduct all site activities using Best Management Practices for Groundwater Protection (Env-Wq 401).
 - d. Describe where the facility conducts steam cleaning, high power washing of undercarriages, engines, and other potential vehicle contaminants and the disposal method of this contaminated wastewater: _____
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To the best of my knowledge, the information I have provided on and with this form is true and correct. I will notify DES if I do not act according to the intentions I have stated on this form. I will also notify DES at least 30 days prior to sealing a floor drain or closing a discharge well.

Signature of Facility Owner

Date Signed



State of New Hampshire
DEPARTMENT OF ENVIRONMENTAL SERVICES
WATER DIVISION
29 HAZEN DRIVE, P.O. BOX 95
CONCORD, NEW HAMPSHIRE 03301-0095
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**DISCHARGE WELL & FLOOR DRAIN
PRE-CLOSURE NOTIFICATION FORM**

This form should be submitted to DES 30 days prior to floor drain or discharge well closure

Facility Information:

Facility Name: _____
Address: _____
Property Deed Reference Book: _____ Page: _____ Tax Map: _____ Lot #: _____
City: _____ State: _____ Zip: _____

Facility Owner Information:

Owner Name: _____ Phone Number: (____) _____ - _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
E-mail: _____

Property Owner Information (complete only if different from facility owner)

Owner Name: _____ Phone Number: (____) _____ - _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
E-mail: _____

Contact Person Information (complete only if different from facility owner)

Name: _____ Phone Number: (____) _____ - _____

Type of Discharge Well(s): ☐ Drywell ☐ Septic Tank ☐ Cesspool
☐ Leachfield ☐ Other _____

Type of Wastewater Discharge: _____

Total No. of Discharge Wells: _____ Years in Existence: _____

Average Flow (gallons per day): _____ Proposed Date of Closure: _____

Describe Method of Closure: _____

Note: Discharge wells must be closed in a manner that will not allow the movement of fluids containing any contaminant into the groundwater. Additionally, you must dispose or otherwise manage any soil, gravel, sludge, etc. or other material(s) removed from and/or adjacent to your discharge well in accordance with all federal, state and local regulations and requirements.